

FOOD SERVICE REQUEST

Incident Name _____ Management/Fiscal Code _____

Resource Order No. _____ Request No. _____ Date _____
Number of Meals

1. Date of first meal _____ Time of first meal _____

2. Estimated number for the first three meals (minimum guarantee is based on these estimates):

1st Meal _____ ☐ Breakfast ☐ Sack Lunch ☐ Dinner2nd Meal _____ ☐ Breakfast ☐ Sack Lunch ☐ Dinner3rd Meal _____ ☐ Breakfast ☐ Sack Lunch ☐ DinnerII. Location

Reporting location _____

Contact person _____

Contracting Officer's Technical Representative _____

III. Support Information for Contractors

Nearest potable water _____

The benefiting unit is responsible for providing the following services:

1. Potable water 2. Gray water pumper 3. Department of Health notified (optional)

Incidents requesting potable water tenders, gray water tenders, or refrigerated storage vans must assign new request numbers for each resource ordered.

IV. Estimated Duration / Needs

1. Anticipated duration of incident _____

2. Number of personnel at peak of incident _____

3. Spike Camps? ☐ No ☐ Yes Number _____ No. of meals per camp per day _____V. Additional Information

Contact _____

Telephone _____